

Missouri

STATE BOARD OF NURSING NEWSLETTER

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Message from the President

Nurse Licensure Compact Bill Passed in Missouri!

Charlotte York, LPN, President

The Nurse Licensure Compact bill passed this legislative session. The bill was filed by Senator Scott Rupp (R-District 2), Senator Jim Lembke (R-District 1) and Representative Don Wells (R-District 147). The bill was rolled into Senate Bill 296 and passed.

The Nurse Licensure Compact will allow a nurse's license to work like a driver's license. The nurse will be required to hold a license in his or her state of residence. The Compact allows mutual recognition of licensure in all states which have enacted the Compact (called party states). Nurses will be required to declare their primary state of residence. Primary state of residence may be verified by driver's license, federal income tax return or voter registration. State of residence was chosen because nurses practice in multiple states but have one primary residence.



York

that implementation date through our website and this newsletter. The Board will have to promulgate rules before the Compact can be implemented so it is expected to take at least a year.

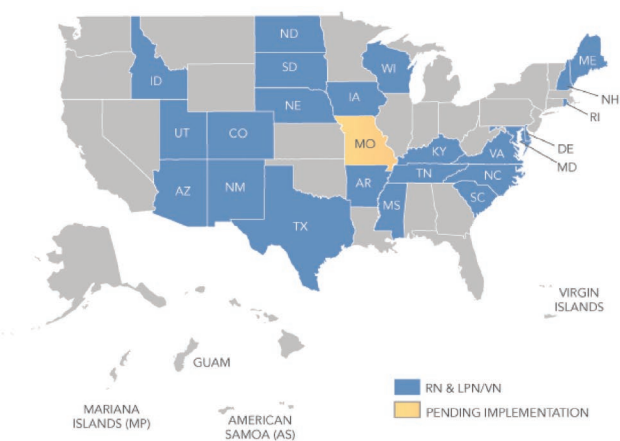
How will the Compact affect nurses who live in Missouri?

After implementation, nurses whose permanent residence is in Missouri will no longer maintain a license in any other party state. A nurse who resides in Missouri and hold an unencumbered Missouri nursing license will have the 'privilege to practice' in any state that is a member of the Compact. When a nurse changes residency from one Compact state to another he or she is required to apply for and obtain a nursing license in that state within 30 days. The Missouri license will then be made inactive. When a nurse changes residency to a non-Compact state, he or she must apply for and obtain a nursing license in that state. The Missouri license will then become 'valid in Missouri only'. Nurses must meet the requirements for licensure to obtain and renew the license in the primary state of residence.

How is primary state of residence for licensure determined?

Primary state of residence means "the person's fixed permanent and principle home for legal purposes; domicile". Compact rules require each nurse to declare in writing his/her primary state of residence upon initial application and renewal of the nursing license. Sources of proof that can be used to verify primary residence include but are not limited to: Driver's license with a home address; Voter registration card displaying a home address;

Message from the President continued on page 3



When will the Nurse Licensure Compact be implemented in Missouri?

Many employers and licensees have been eagerly waiting for the Nurse Licensure Compact to pass in Missouri. Once the bill is signed, our office will work on an implementation plan and date. We will widely publicize

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Executive Director Report

2009 Legislative Action

Authored by Lori Scheidt, Executive Director

Nurse Licensure Compact

The Nurse Licensure Compact passed in Senate Bill 296 and is pending the Governor's signature. After the bill is signed into law, we will determine an implementation date and communicate that date through our website and this newsletter.

Nursing Student Loan Program

The bill to change the Nursing Student Loan Program passed. The bill revises the definition of 'eligible student' as it relates to the Nursing Student Loan Program to add individuals seeking a doctoral degree in nursing, nursing practice, or a student with a master of science in nursing seeking a doctorate in education on a full- or part-time basis to be eligible for the program.

Advanced Practice Registered Nurse Collaborative Practice Agreements

House Bill 247 passed. This bill defines the percentage of chart review for advanced practice registered nurse collaborative practice agreements. The new language is in section 334.104.3 and states that a physician must review a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services every fourteen days. The collaborating physician shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances.

Advanced Practice Registered Nurse Prescribing Physical Therapy

Representative Rebecca McClanahan (Democrat-District 2) filed House Bill 563 which would have allowed advanced practice registered nurses, who have

Executive Director Report continued on page 3

GOVERNOR
The Honorable Jeremiah W. (Jay) Nixon

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700



Number of Nurses Currently Licensed in the State of Missouri

As of June 30, 2009

Profession	Number
Licensed Practical Nurse	24,597
Registered Professional Nurse	87,767
Total	112,364

Schedule of Board Meeting Dates Through 2010

August 26-28, 2009
December 2-4, 2009
March 3-5, 2010
June 2-4, 2010
September 8-10, 2010
December 1-3, 2010

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

a collaborative practice agreement with a physician, to prescribe physical therapy if the delivery of the services is within their scope of practice. This bill did not pass.

Physician Assistant Controlled Substance Prescribing Authority

Representative David Sater (Republication–District 68) filed House Bill 275 and Senator Delbert Scott (Republican–District 28) filed Senate Bill 406. Both bills would allow a physician assistant to prescribe any controlled substance listed in schedule III, IV, or V of section 195.017, RSMo, when delegated the authority to prescribe controlled substances in a supervision agreement. This bill was rolled into Senate Bill 296 and passed.

School Nurse Pay

Representative Sue Allen (Republican–District 92) filed House Bill 456 and Senator Tom Dempsey (Republican–District 23) filed Senate Bill 135. These bills would have required school districts to pay registered professional school nurses on the same salary schedule as teachers. Neither of these bills passed.

Controlled Substance Schedules

Representative Clint Tracy (Republican–District 158) filed House Bill 615, Representative Jeff Roorda (Democrat–District 102) filed House Bill 623, and Senator Jason Crowell (Republican–District 27) filed Senate Bill 160. These bills would have changed the scheduling of ephedrine, pseudoephedrine, and phenylpropanolamine to be Schedule III controlled substances. These bills did not pass.

Prescribing Psychologists

Representative Bob Dixon (Republican–District 140) filed House Bill 536 and Senator Jack Goodman (Republican–District 29) filed Senate Bill 204 which would have authorized the licensure of prescribing psychologists. These bills did not pass.

Pharmacist Law

Senator Bill Stouffer (Republican–District 21) filed Senate Bill 369. Currently a licensed pharmacist may administer influenza vaccines. This bill would add the ability for them to administer **pneumonia, shingles, and meningitis vaccines by written protocol authorized by a physician for a specific patient as authorized by rule;** This bill was rolled into Senate Bill 296 and passed.

Miscellaneous Bills

Representative David Sater (Republication–District 68) filed House Bill 37. It would add medical practitioners providing services at a summer camp to the list of health care providers for whom the State Legal Expense Fund is available for payment of certain claims against a provider. This bill was rolled into Senate Bill 296 and passed.

Representative Ellen Brandom (Republican–District 160) filed House Bill 196. It would have established the requirements for health care providers to seek a surrogate to make health care decisions for a patient who is incapacitated. This bill did not pass.

An amendment related to teeth-whitening services was added to Senate Bill 296 and passed. The language states that a person who provides teeth whitening services to another person by products that are not available over-the-counter is engaged in the practice of dentistry.

Senate Bill 296 also contained language that will allow the Division of Professional Registration to collect and analyze information to support workforce planning and policy development. The information cannot be publicly disclosed to identify a specific health care provider.

Your Role in the Legislative Process

We urge you to study all facets of the issue being considered and know your facts. Be able to tell your legislator what impact a bill will have on his or her constituents. Know the opposing viewpoint, for very issue has two sides.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

Federal income tax return declaring the primary state of residence; Military Form No. 2058–state of legal residence certificate; or W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence. Adherence to this requirement is critical with Compact implementation.

I am in the military or work for the federal government. How does the Compact affect me?

Nurses in the military or working for the federal government shall continue to be licensed in accordance with the rules of the military branch or federal government agency where employed. If the nurse has a license in a Compact state, the nurse will have the multi-state licensure privilege to practice in other Compact states. If a nurse has a license in a non-Compact state, the Multi-state Licensure Compact rules do not apply. Should the nurse choose to work outside the military or federal government agency, the nurse must comply with the licensure requirements of the state. If the state has implemented the Compact, the nurse must comply with all aspects of the Compact rules.

Does the Compact affect Advanced Practice Registered Nurses (APRNs)?

The Compact does not include Advanced Practice Registered Nurses (APRNs) at this time due to the lack of uniformity in licensure requirements and titles among states. APRNs will need to obtain state licensure or authority for advanced nursing practice in each state in which they practice.

How will Missouri APRNs be authorized to practice in other Compact states?

Missouri APRNs will be authorized to practice as Registered Nurses in party states unless they seek licensure as an APRN. The APRN’s Missouri license will be designated as a multi-state license with APRN practice privileges in “Missouri only”.

What is the accountability for practice with a multi-state licensure privilege?

It is important to understand that the Nurse Licensure Compact requires nurses to adhere to the nursing practice laws and rules of the state in which the nursing practice occurs. In the case of electronic nursing practice (telenursing), the nurse must adhere to the practice standards of the state where the client receives care. Most Boards of Nursing provide online access to their Nursing Practice Act on their websites.

What are my responsibilities as an employer in Compact implementation?

A major responsibility for employers will be to assure that every nurse employed is properly licensed and practices within the scope of practice defined in the Nursing Practice Act. It is important to visually inspect each license. Nurses practicing from other Compact states may have a license that appears different from what you are accustomed to seeing for a Missouri licensed nurse. Verification of licensure and disciplinary status will be essential to safe practice. Providing information to the nurse on the scope of practice in Missouri will also be essential to assure safe practice. The Nursing Practice Act can be found on the Board of Nursing website.

How will employers and members of the public verify licensure status of nurses under the Compact?

For nurses who hold a license issued by the Missouri State Board of Nursing, employers may continue to verify licensure status via the Board’s website (<http://pr.mo.gov/nursing.asp>). For Missouri nurses and nurses licensed in another Compact state and seeking employment in Missouri, employers may verify licenses by using the nationally coordinated licensure information system called NURSUS. The verification process using NURSUS makes nurse license verification quicker, easier and free of charge to employers and the general public. Within minutes, a detailed report is generated, containing the nurse’s name, jurisdiction, license type, license number, license status, expiration dates, as made available by the Board of Nursing for all licenses held, and any discipline against the license.

How are complaints about unsafe nursing practice handled within the Compact?

The Compact authorizes the nurse licensing board of any Compact state (home or party) to investigate allegations of unsafe practice by any nurse practicing in the state. Based upon the outcome of the investigation, a remote state licensing board may deny the nurse’s privilege to practice in that state. Only the nurse’s home state (state of residence) licensing board may take disciplinary action against the nurse’s license. States will continue to apply the same administrative and due process procedures for imposing discipline as they have always done.

How will employers be informed of new states joining the Compact?

This information will be available on the Board of Nursing’s website as well as on the National Council of State Board of Nursing’s website (www.ncsbn.org). It is most important that employers remain informed as other states join the Compact.

Six New Members Appointed to the Board!

We are pleased to announce the following appointments to the Board of Nursing. Join us in welcoming these individuals to the Board. Their dedication, expertise and desire to protect the public are truly appreciated.

Lisa Green, PhD(c), RN– Ms. Green was appointed to the Board of Nursing on March 18, 2009 by Governor Jeremiah W. (Jay) Nixon. Lisa is an instructor at Barnes Jewish College in St. Louis, MO.

A 1986 graduate of Jewish School of Nursing, Bachelor of Science of Nursing from University Missouri-St. Louis in 2004, and Master of Science of Nursing in 2007, Lisa is currently working on her Phd at the University Missouri, St. Louis. Her work history as a nurse includes oncology nursing, home health nursing, quality improvement and nurse educator. She received a clinical research training pre-doctorate appointment the summer of 2009 at Washington University Medical School from the National Institute of Health, TL1 grant. Ms. Green is a member of Nu Chi Chapter of Sigma Theta Tau International Honor Society, Council for the Advancement of Nursing Science, National League for Nursing, and Golden Key Honor Society.

Lisa is married to Timothy P. Green, has two children, Patrick and Megan, and resides in Spanish Lake, Missouri.

Aubrey Moncrief, CRNA– Mr. Moncrief was appointed to the Board of Nursing on April 6, 2009 by Governor Jeremiah W. (Jay) Nixon. Mr. Moncrief is a self-employed CRNA, residing with his wife Jan in Osage Beach, Mo. Aubrey is a past president of Mo Association of Nurse Anesthetists in 1997. He has served on that board of directors in different capacities for over 10 years. Aubrey is a Viet Nam Veteran and a Desert Storm Veteran, serving with the United States Army Reserve until May 2006 with a rank of Lieutenant Colonel. Mr. Moncrief is a graduate of South West Missouri School of Nurse Anesthesia (now St. Johns School of Nurse Anesthesia) in 1983. Aubrey’s undergrad was at Michigan State University and Lansing Community College. He is a native of Missouri, graduating from Canton High School,

Canton, Missouri in 1966. Except for about 12 years, he has lived somewhere in the State of Missouri. Aubrey has worked as a staff Anesthetist from Cape Girardeau, to Hannibal, to Kirksville, to Joplin and Kansas City. He brings to the Board of Nursing his 26 years of experience as a Nurse Anesthetist.

Adrienne Anderson Fly, JD– Adrienne Anderson Fly was appointed as the Public Member to the Board of Nursing on April 6, 2009 by Governor Jeremiah W. (Jay) Nixon. A graduate of Wellesley College and St. Louis University School of Law, Ms. Anderson Fly is an attorney with over thirty years experience in private practice and work for the Supreme Court Office of Chief Disciplinary Counsel. She served as Public Member of the Missouri Dental Board from 1993-98. She and her husband, the Rev. David Kerrigan Fly, are consultants to the Episcopal Church Pension Fund in New York. They live in the City of St. Louis, and at the Lake of the Ozarks.

Rhonda Shimmens, RN, BSN, C– Ms. Shimmens was appointed to the Board of Nursing on April 15, 2009 by Governor Jeremiah W. (Jay) Nixon. Rhonda graduated from Lincoln University in 1981 with an Associate Degree in Nursing, and completed her Bachelor’s Degree in Nursing in 1996. She is currently pursuing an MBA in Health Management at William Woods University. She is board certified in Medical-Surgical Nursing and Ambulatory Care Nursing.

Rhonda has worked as a staff nurse, charge nurse, educator, and clinical coordinator in the hospital setting. She is currently the Manager of the Outpatient Surgery and Pre-Admission Testing services at St. Mary’s Health Center in Jefferson City, MO. She is a past or current member of the St. Mary’s Heartwalk team, Missouri League for Nurses, American Academy of Ambulatory Care Nursing, Hospital Auxillary, March of Dimes volunteer, Adopt a Highway, and Who’s Who Among Executive and Professional Women in Nursing and Healthcare.

Rhonda belongs to St. Peter’s Catholic Church where she has been a member of the Foundation Committee. She has served as a member of the Helias High School Booster Club, Mother’s Club, and as a Helias Foundation team captain. Rhonda currently resides in Jefferson City, MO with her husband Tom. She and Tom have three sons, Kyle, Brad, and Jay.

Deborah Wagner, RN– Ms. Wagner was appointed to the Board of Nursing on April 15, 2009 by Governor Jeremiah W. (Jay) Nixon. Deborah is a lifelong resident of the St. Louis area. She graduated from St. Luke’s Hospital School of Nursing in 1985. She began her career as a graduate nurse at St. Louis State Hospital. Since 1993 she has been employed at SSM Rehabilitation, primarily as a staff nurse on the Brain Injury unit.

Deborah spends considerable time in Jefferson City advocating for patients during the legislative session. She is a member of MONA, American Nurses’ Association and several political clubs. She loves politics, history and her cats, also enjoys hiking, gardening, sewing, needlework, pets, reading and board games. Deborah lives in St. Louis County with various pets. She is deeply honored and humbled by her recent Board appointment.

Ann K. Shelton PhD, RN– Ms. Shelton was appointed to the Board of Nursing on June 1, 2009 by Governor Jeremiah W. (Jay) Nixon. Dr. Shelton is the Program Chair for ITT-Technical Institute’s Associate Degree in Nursing. She has researched health-care ethics for the past four years. Her research areas of interest are critical care nursing, genetics, informed consent, and ethics. She has been a nurse for 30 years and has worked at De Paul, Visiting Nurse Association, Siteman Cancer Center, UMSL, and SSM Hospice in addition to her current position at ITT-Technical Institute. She has a Master’s Degree in Nursing Education and a PhD in Nursing. Dr. Shelton enjoys teaching, cooking, gardening, and playing Trivial Pursuit with her family.



Green



Fly



Wagner



Shimmens



Moncrief



Shelton

The Legal Perspective

William Price

**Authored by Mikeal R. Louraine, B.S., J.D.
Senior Legal Counsel**

It isn't often that we have television cameras at our Board meetings. That changed on Thursday, June 4th. Cameras from KCTV5 were present for the disciplinary hearing for William Price. As this was such an unusual occurrence, I thought this might make a good topic for this edition of the newsletter.

Mr. Price's case with the Board began in July of 2007. The Board was forwarded a copy of an article in the Kansas City Star describing how a nurse had been indicted in federal court for multiple counts related to child pornography. The first step taken by our office was to contact the U.S. Attorney's Office in Kansas City. I had the opportunity to speak with the prosecutor who was in charge of the prosecution. She advised me that Mr. Price had recently entered pleas of guilty and would be incarcerated pending sentencing. She also assured me that in the unlikely event that Mr. Price was released, their office would advise me immediately. Given that Mr. Price was in custody, and his Missouri license was expired, I told the U.S. Attorney's Office that I would advise the Board to not take any action until the criminal case was concluded. Since Mr. Price did not pose an immediate threat to the public, the Board agreed to not pursue the case until Mr. Price was sentenced.

Whenever there is a case involving one of our licensees being prosecuted by any law enforcement agency, it is my opinion that the agency should be contacted immediately and the case discussed. If the licensee does not pose an immediate threat to the public, the Board will offer assistance to the law enforcement agency, but will not interfere with any investigation or prosecution. If the Board feels that the licensee does pose an immediate risk to the public, there are a couple of options.

The first option requires the cooperation of the prosecuting agency and the Court which has jurisdiction over the criminal case. The prosecutor can request that the Court make it a condition of the licensee's bond that the licensee not practice nursing while the case is pending. If the Court is not willing to place that significant a restriction on the licensee, the Court could require that the licensee not have access to controlled substances while the licensee is on bond.

The second option requires the cooperation of the licensee. The Board can ask a licensee to enter into an 'Inactive Agreement'. In those cases, the licensee agrees to have their license placed on inactive status while the criminal case is pending. The agreement specifically states that the licensee is not making an admission of guilt in the criminal case, only that they agree that it would be best if they not practice with the criminal charges hanging over their head. There is no requirement that the licensee enter into an Inactive Agreement. The Board cannot force them to sign the agreement. In my limited experiences with requesting licensees to enter into Inactive Agreements, I have found that they are usually inclined to sign. The advantage to the Board is that the licensee is out of practice until the criminal charges are resolved. The advantage to the licensee is that they can focus their efforts to the criminal side of the case and not have to worry about the Board taking action against them.

The third option requires the cooperation of the investigating agency. Pursuant to Section 335.066.8, the Board can request an expedited hearing in the Administrative Hearing Commission (AHC) if there is cause for the Board to believe that the licensee poses an immediate risk to the public. If the Board requests such a hearing, the AHC is required to hold the hearing within two weeks of obtaining service on the licensee. The Board then presents its case that the licensee's license needs to be immediately suspended in order to protect the public. The AHC is required to make an immediate finding. In order to meet its burden of proof, the Board will almost certainly need to present evidence through the law enforcement officers who investigated the case.

On March 22, 2007, Mr. Price entered pleas of guilty to one count of Production of Child Pornography and one count of Receipt of Child Pornography. He was sentenced in criminal court in October, 2007. Based on those convictions, the Board filed a complaint with the AHC seeking authority to discipline Mr. Price's nursing license. The complaint was filed on January 11, 2008. Mr. Price was served with the Board's complaint on February 4, 2008. The AHC held its hearing on October 8, 2008. Due to his incarceration, Mr. Price was unable to attend the hearing. The Board was represented at the hearing by our contract attorney, Loretta Schouten. The AHC issued its decision on December 31, 2008. The Board scheduled a disciplinary hearing for the March, 2009 full Board meeting. However, due to the lack of a quorum, the March Board meetings had to be cancelled. The hearing was rescheduled for the June Board meetings.

While the case was still pending before the Board, complaints emerged about Mr. Price allegedly sexually assaulting two patients while he was employed at a North Kansas City hospital. I won't get into the details here, however, if you're interested, I would recommend going to the KCTV web-site and watching the series of reports entitled 'First, Do No Harm'. While the subject matter is certainly disturbing, it is a good re-telling of Mr. Price's history.

That brings us back to the disciplinary hearing on June 4th. Again, due to his incarceration, Mr. Price was unable to attend the hearing. He did send a request that the case be continued. Mr. Price advised the Board that he was appealing the decision and was attempting to withdraw his guilty pleas. The Board decided to proceed with the hearing. The Board, again, was represented by Loretta Schouten. At the conclusion of the hearing, the Board decided not to go into closed session and to vote on the case in open session. After brief discussion, a motion was made to revoke Mr. Price's license. The motion was seconded and unanimously passed. With that, Mr. Price is no longer licensed by the State of Missouri as a registered professional nurse. Hopefully, this will also mark the end of the Board's appearances on the six o'clock news.

Investigations Corner

Are You Fit For Duty?

**Authored by Quinn Lewis
Investigations Administrator**

Being fit for duty can encompass numerous variables. When we say fit for duty, exactly what does that mean? During my career in law enforcement, being fit for duty meant being capable of providing the highest degree of service to the public. This entailed the officer being physically fit, drug and alcohol free while on duty, as well as being mentally capable of performing his or her job in a manner conducive to making sound judgment in the event of an emergency.

I believe that being fit for duty should be evaluated in a similar manner for the nursing profession. It is my belief that a nurse should be drug and alcohol free while on duty. The nurse should be physically able to perform and mentally capable of making good decisions during an emergency. In some instances, a nurse could believe she or he is fit for duty because they are not under the influence of illegal drugs and are alcohol free. But, other factors such as lack of sleep or the consumption of prescription drugs could hinder a nurse from being at his or her best. Some medications, even if prescribed by a physician for a legitimate illness, may hinder a nurse's ability to perform at a high level therefore putting patients at risk.

The case you are about to read describes such a case. The nurse claims she was prescribed a medication for a legitimate illness and she was under the care of a physician. The nurse alleges she was not used to this medication and it affected her ability to perform at an acceptable level. The nurse fell asleep on duty and put her patient at risk.

The following was taken from the facts discovered during this investigation:

The Board received a letter of complaint from the Director of Nursing (DON) at a nurse staffing agency. The letter of complaint stated that an individual who will be referred to as Nurse A was found sleeping while on duty. The parent of the 18 month old patient found Nurse A asleep while she was responsible for the care of his child.

The patient received around-the-clock, in-home, nursing care for ventilator support.

According to the information contained in the letter of complaint, the father returned home around 0400 hours and he heard the ventilator alarms sounding while outside of his home. When the father entered the home he found Nurse A asleep on the couch. The patient's lips had turned blue in color and the pulse oximeter reading was in the 40s. The parent provided resuscitative efforts and drained the ventilator tubing. Several hours later the patient's oximetry readings returned to normal.

Facts gathered during interviews: Interview with the Director of Nursing:

The Director of Nursing stated that Nurse A had worked for the agency since June of 2003. She stated that this was the first time an incident of this nature had occurred during Nurse A's employment. The DON stated that Nurse A admitted that she fell asleep for approximately 45 minutes. The DON said that Nurse A's explanation for falling asleep was that she was under a physician's care and she fell asleep due to a new medication she was taking. Although Nurse A attributes her falling asleep to prescription medication, she could not provide any proof that she was taking a prescribed medication that caused her drowsiness. When asked the name of this medication she was taking Nurse A stated that she could not recall what medication she was taking.

Interview with the Parent of the Patient:

The parent stated that he came home and found the ventilator monitor sounding the alarm and he saw Nurse A asleep on the couch. He said that it took him two attempts to awaken Nurse A. He said that he then went to the child's bedside and disconnected the ventilator and provided resuscitative efforts to the patient. He said that he drained the ventilator tubing and checked the equipment to assure that it was operating properly. He stated that the patient's lips were blue, she was struggling/fighting to breathe. The Pulse Oximeter was reading in the 40s and then returned to its normal reading of 98-100%. He said that the nurse must have been asleep for several hours due to the volume of water in the tubing. He said that he talked to Nurse A about the incident and she stated that her doctor was adjusting her medication she takes for her nerves. The parent said that at this point he asked Nurse A to leave.

Interview of Nurse #A

Nurse A stated that she was appalled by what happened. She said she has never fallen asleep at work. She has always been able to stay awake by walking around and drinking caffeinated drinks. She stated that on the night in question she had gone in early per request from the parent of the patient because the parent had plans. Nurse A said that the shift progressed as usual. Nurse A said that after she gave the child her 4am flush and changed her diaper she (Nurse A) sat on the couch to finish some paper work. Nurse A advised that it was approximately 3:40 am when she completed this task. Nurse A stated that at approximately 3:55 am the patient's alarms were sounding and the child's parent was walking in the door.

Nurse A stated that both she and the parent went to the patient's bedside. After the patient was suctioned and stable, Nurse A said that she and the patient's parent agreed that she should leave at this point. Nurse A said that her doctor was adjusting her medication. Nurse A said that she had been taking a different medication and she was not used to the adjustment. Nurse A said that she quit taking the medication after this incident.

Nurse A stated that she was still "heart sick" over the incident. Nurse A states:

"that no one could beat her up as much as she has beaten herself up. Nurse A stated that she cares deeply for the patient and would never want any harm to come to her. Nurse A said that she was taken off of home health and she hasn't worked home health since this incident. Nurse A said that she is still petrified to this day about what happened and she never wants it to happen again. Nurse A said that she is truly remorseful and she apologizes to the patient's family."

Nurse A is remorseful for what happened in this case. What do you think? Do you have any questions about her explanation? Remember that she couldn't recite the name of the medication she was taking. The only facts that we know for sure is that Nurse A was not physically capable of providing the highest degree of care to her patient. Be sure you are fit for duty; your patient's life could depend on it.



A Reminder Regarding Medication Administration and Errors

**Authored by Debra Funk, RN
Practice Administrator**

**Missouri State Board of Nursing
Practice Committee Members:**

- Aubrey Moncrief, RN, CRNA
- Deborah Wagner, RN
- Rhonda Shimmens, RN-C

In recent articles we have discussed the importance of accurate, thorough and timely documentation. Medication administration was briefly mentioned in this discussion. The documentation of medication administration is extremely important but we must not forget about the entire process of medication administration.

In nursing school we were all taught the 5 Rights of Medication Administration: right patient, right medication, right dose, right time and right route. Today you can find 8 Rights and 10 Rights of Medication Administration that include things like right safety measures, right observation, right documentation, right intervention and notifications and the right to understand. In our day-to-day practice it is so easy to get too comfortable and relaxed in our performance of our nursing duties. The enumerated excuses used, such as too many patients, not enough staff, too busy, a complex documentation process or whatever the cause might be for allowing ourselves to deviate from correct and safe practice provides the milieu to potentially cause harm to our patients. Nurses **must** follow the policies and standards of care that are in place to protect our patients and ourselves.

Some general categories of errors related to medication administration that we see frequently here at the Board include but are not limited to errors from lack of knowledge/skill, failing to comply with policy or the lack thereof, failure in communication, and individual and systems issues. A nurse may demonstrate a lack of knowledge/skill in many ways. Some general categories of errors related to medication administration that we see frequently here at the Board include but are not limited to errors from lack of knowledge/skill, failing to comply with policy or the lack thereof, failure in communication, and individual and systems issues.

Lack of Knowledge/Skill

A nurse may demonstrate a lack of knowledge/skill in many ways. Some examples would be lack of knowledge/skill in reference to a medication; the patient's diagnosis; operation of an infusion mistaking IV lines for NG tubes or epidural lines; or to medication dose calculations.

Failure to Comply with Policy

Failing to comply with policy may vary from the simplest of things such as checking a name band, to reconciling the MAR, receiving meds late from the pharmacy, or borrowing meds from one patient to use for another patient.

Lack of Policy

The lack of policy may include such things as protocols for the administration of high-risk medications like chemotherapy and anti-arrhythmics or how to procure meds when the pharmacy is closed.

Communication Failure

Failure in communication could start at the time an order is written with illegible writing or perhaps the order is transcribed wrong. Sometimes the order is received as a verbal order and the writer of the order misunderstands the physician or misspells the medication in the order. Perhaps the medications given or omitted are not documented or the physician writes the order wrong.

Individual or System Issues

Individual and systems issues can include things like the number of years of experience or inexperience, number of consecutive hours worked, rotating shifts, workload, distractions, floating to unfamiliar units, pharmacy availability and hospital/unit design. Even drug companies contribute to this by producing look-alike and sound-alike drug names, labels and packaging.

There are nurses who have been disciplined for some of these errors and there are patients who have died as a result of some of these errors.

So, what's the way to prevent these errors from occurring? I wish I could say there was an answer that would guarantee 100% prevention of errors, but there's not. Nurses are human too and mistakes do happen. The thing that jumps out most is to maintain your vigilance with learning and comprehending policies regarding medications and the administration of medications. Ask a question when something does not make sense and report an error as soon as it occurs so that whatever actions need to be taken can be started. And as always: Document! Document! Document!

Licensure Corner

**Authored by Angie Morice
Licensing Administrator**

Missouri State Board of Nursing Licensure Committee Members:

Autumn Hooper, RN, Chairperson
Charlotte York, LPN
Adrienne Anderson Fly, JD
Lisa Green, RN
Deborah Wagner, RN

RN Lapsed License Renewals

If you let your Registered Nurse license lapse during the last renewal period and wish to renew it now, you will need to complete the RN Petition for License Renewal found on the Board's website at <http://pr.mo.gov/nursing.asp>. The fee to renew a lapsed RN license is \$60.00 plus a \$50.00 late fee for a total of \$110.00. If you have been practicing on a lapsed license, you must stop practicing immediately and submit stop working statements from both yourself and your employer, along with the petition and fees.

The nurse's **notarized** statement must include the following information:

- How you discovered that your license was not current;
- Date you discovered your license was not current;
- Date you notified your employer that you could not practice nursing;
- Date you ceased nursing practice; and,
- Confirmation that you will not resume employment in a nursing position until your license is renewed.

The statement from the employer must include:

- Date employer received notification that your license was not current;
- Date employer removed you from a nursing position; and,
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

The license will be renewed after the above information has been received, the information will then be forwarded to the Board members for deliberation for discipline on the nurse's license.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following available when contacting the Board:

- License number
- Pen and paper

Discipline Corner

**Authored by Janet Wolken, MBA, RN
Discipline Administrator**

Missouri State Board of Nursing Discipline Committee Members:

- Charlotte York, LPN, Chair
- Adrienne Anderson Fly, JD
- Autumn Hooper, RN
- Ann Shelton, RN, MSN, PhD
- Deborah Wagner, RN

Evidence

The Discipline Committee Members are entrusted with the huge task of reviewing the evidence/investigative report that our investigators submit after a complaint has been filed and investigated.

When they review the evidence they must make a decision to determine if the Nursing Practice Act has been violated and if the licensee should be subject to discipline. The evidence is supplied, for the most part, by the licensee's employer, co-workers, and the facility where the event occurred. This evidence must be sufficient to withstand the scrutiny of the Administrative Hearing Commission. It cannot be "we think", "we suspected", or "we heard about". The evidence must be solid.

Too often the investigative reports contain a termination of a licensee's employment due to suspected drug use or diversion, without any hard evidence. The MARs that contained the documentation have been altered, the employer is unable to locate the MARS or the licensee's patient assignment shift is in question. When an employee is suspected of drug use it is important to document all that you can as soon as you can; what patients the licensee had, who was working with the nurse, did the licensee withdraw medications for a patient that was not theirs, what was the staffing level, what was the acuity level of the patients. Document everything you would expect an investigator to ask, and cover any excuses the licensee may use to explain the situation. Document this information even if the nurse is an agency nurse, because the facility is where the evidence will be. If you felt strongly enough to make this nurse a "do not return" then would you want this nurse caring for your family members without obtaining help?

When a licensee states that "everyone wastes without a witness because we are always so busy and you can never find anyone to waste with, so we waste and then someone signs without seeing the waste at the end of the shift", we understand that is not your policy, but is it what is happening on your floors? When the licensee states "I always sign the MARs at the end of my shift because there is not time to sign them when I give the medication",

"LPNs always withdraw medication for the RN then hand it to them to administer IV push and they are supposed to document it, I don't know why she didn't sign she gave it", or "We always withdraw all of our pain meds at the beginning of our shift then give them later when the patient asks for them", again these may not be your policy, but is this the culture of your facility? These are important things to know when looking at the question of was it the nurse or the culture?

When a licensee is suspected of diverting due to Pyxis reports, lack of documentation or unobserved waste, then a urine drug screen should be done. If a licensee "looks impaired" because they are falling asleep, hyperactive, slurring words, or not making sense, a urine drug screen should be done. A positive urine drug screen is evidence of drug use. A proper chain of custody should be maintained. Documentation by the employer should be in place. If possible the drug screen should be an observed screen to prevent the licensee from substituting someone else's urine. If the licensee is unable to void then offer to do a blood draw to test for drugs.

Maybe the licensee has practice concerns. As an employer you feel the licensee is unsafe in the decisions they are making. This will often occur as a progressive disciplinary action. The licensee does not follow up on a blood sugar of 300, alarms are silenced, orders are not taken off in a timely manner, and vital signs are not documented. Then the licensee calls in sick once too often in six months which results in the termination of employment. In this situation we know that the nurse has the ultimate responsibility to ensure that everything is completed correctly, but what is your normal procedure? Do you have a ward clerk or a charge nurse who "normally" takes the orders off and alerts the nurse? Do you have nurse assistants that are "supposed" to chart the vital signs? It is important to know these two things to determine if the "only" thing the nurse did was not follow up on a blood sugar and had one too many absences. Is this nurse truly a danger to the public? If the discipline is progressive, but the nurse is truly making poor nursing judgments then it is important to document each of these poor decisions thoroughly. As a manager please collect all of the evidence as if you will need to defend it to the Administrative Hearing Commission. Even If you are giving your first verbal warning, keep the documentation in the file. Make copies of the nurse's notes, the physician's orders, anything to demonstrate that the nurse used poor nursing judgment. A series of poor nursing judgments may indicate that the nurse needs more education. If you provide or offer that education, then document and keep a record of that also.

The more evidence the employer or facility is able to collect and document the more likely a licensee who is abusing drugs or needs more education will get the help they need and the public will be protected.

Authored by **Bibi Schultz, RN MSN**
Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Lisa Green, PhD(c), RN
- Ann Shelton, RN, MSN, PhD
- Charlotte York, LPN

In an effort to help provide quality nursing care for Missouri citizens as well as ease the transition of nurses into practice in Missouri health facilities, the Missouri Hospital Association (MHA)—Center of Education has developed the Missouri Nurse Preceptor Academy. The Missouri Nurse Preceptor Academy is a training program for hospital registered nurses serving as preceptors to newly hired nurses. It is offered statewide in 38 locations by the MHA Center for Education at a cost of \$50 per person. To register, go to www.mhanet.com and click on Education and Training.

The Preceptor Academy Newsletter, periodically provided by the MHA for nurses who have completed the Academy, informs nurses of preceptor-related issues on an ongoing basis. Participation in the Preceptor Academy may also be beneficial for nurses interacting with nursing students in clinical settings.

Preceptor★News

Crucial Conversation Skills

As a preceptor, certain situations provide the perfect opportunity to coach and mentor your orientee in the art of difficult, yet productive, conversations. You may have to give difficult feedback to a team member, question a physician's orders or advocate for your patient. When we stay silent in critical situations, let a nagging problem continue or lash out, we jeopardize the team and put patient safety at risk. By modeling professionalism and having difficult conversations, you can teach your orientee how to openly discuss and communicate an issue.

Research shows that the ability to hold crucial conversations is the key to influence, job effectiveness and improved personal and professional relationships. A study from the Joint Commission shows 65 percent of sentinel events and 90 percent of root cause analysis involved inadequate communication. In 2006, the Joint Commission added a requirement to Nation Patient Safety Goal 2 on improving the effectiveness of communication among caregivers. Crucial conversations could prevent medication errors, increase effective team work, enhance work relationships and save a patient's life.

Crucial conversations occur when the stakes are high, opinions differ and strong emotions are involved. Use the suggested tips to increase communication among all team members and practice these skills with your orientee. Using these skills early in your nursing career is invaluable experience.

Tips for Speaking Up without Causing a Blow-up

Follow these tips for speaking your mind to get your message heard.

- **Reverse your thinking.** Most of us decide to speak up by considering the risks involved. Those who are best at crucial conversations don't think about the risks of speaking up; they think about the risks of not speaking up. They realize if they don't share their unique views, they will have to live with the poor decisions that will be made as a result of holding back their informed opinions.
- **Change your emotions.** The primary reason we do badly in crucial conversations is that by the time we open our mouths, we're irritated, angry or disgusted with the other person's views. Then, no matter how much we try to fake it, our negative judgments creep into the conversation. Before opening your mouth, open your mind. Try to separate people from the problem. Try to see others as reasonable, rational and decent—even if they hold a view that you strongly oppose. Maintain a good thought so that you come across as entirely different. Remember, if you hold court in your head, the verdict will show on your face.
- **Help others feel safe.** Unskilled people believe certain topics are destined to make other people defensive. Skilled professionals realize people don't become defensive until they feel unsafe. Try starting your next high-stakes conversation by assuring the other person of your positive intentions and your respect for them. When others feel respected and trust your motives, they let their guard down and begin to listen, even if the topic is unpleasant.
- **Invite dialogue.** After you create a safe environment, confidently share your views. Then, invite differing opinions. This means you actually encourage the other person to disagree with you. Those who are best at crucial conversations aren't just out to make their point; they want to learn. If your goal is just to dump on others, they'll resist you. If you are open to hearing others' points of view, they'll be more open to yours. If you can't remember anything else in the heat of the moment, ask yourself: "Are we in silence or violence?" If so, do your best to return to healthy dialogue.

Contributed by Kerry Patterson, author of The New York Times bestsellers "Crucial Conversations" and "Crucial Confrontations." These books are excellent resources for preceptors and all hospital employees. www.vitalsmarts.com

For information about the Missouri Nurses Preceptor Academy, contact Beth Morell at bmorell@mal.mhanet.com or 573/893-3700, ext. 1316.



The Preceptor Academy Newsletter is reprinted with permission of the **MHA Center for Education**.

Missouri Nurses Foundation

One of the best kept secrets in our nursing community is the Missouri Nurses Foundation. In fact, it has been a secret far too long and we want ALL nurses in Missouri to be aware of the Foundation and its activities!

Missouri Nurses Foundation was established in 1997 by nurse visionaries associated with the Missouri Nurses Association. The primary purpose of developing the tax exempt 501(c)(3) was to support and encourage charitable and educational efforts for all Missouri nurses. Within that purpose is the goal of promoting and enhancing the professional development for registered nurses (RNs) in Missouri. Activities envisioned for the Foundation are awarding scholarships, research awards, and educational projects.

Since its inception, the Foundation has been about the business of raising dollars to begin establishing endowment monies to support activities. Building that nest egg has been a slow but steady process. To date, donations received have provided seed money for Foundation activities and specific purpose scholarship funds. The Scholarship Program is one of the most valued activities of the Foundation.

In 2002, the Foundation awarded the first of many scholarships to student nurses across the state. Recently, five scholarships were announced for 2009. The awardees are: Becky Arand and Sadie Jones, University of Missouri-Columbia; Julie Lang, Saint Luke's College of Nursing, Kansas City; Carla Leightner, Missouri State University, Springfield; and Sarah Weisz, University of Missouri-Kansas City. The Foundation congratulates these outstanding students on their achievement. The Foundation Scholarship Program is more important than ever in these difficult economic times and in the face of the ongoing nursing shortage. The funding for this program comes from the generosity and donations of nurses and friends of nursing throughout the state. A small contribution, \$5-\$50, by nurses in Missouri could greatly increase the amount of money available for scholarships.

A second program within the Foundation is the Honor a Nurse Program. This program is available to any nurse in Missouri and contributions may be made on behalf of or in recognition of a nurse. The \$50.00 contribution for a special nurse will go toward continued support of the Foundation and their work pertaining to scholarships, research awards and educational projects. In addition, the recipient's name will be printed in the Missouri Nurse Association's convention brochure as well as in a designated "Honor a Nurse" spot on our website, where a picture may also be submitted.

Your monetary help will go a long way to insure that the citizens of Missouri will have a competent workforce of nurses to meet future needs. Contributions can be made to Missouri Nurses Foundation, P. O. Box 105228, Jefferson City, MO 65110-5228 and are tax deductible.

The Board of Nursing is Requesting Contact from the Following Individuals:

Tracy Bynog—PN058788
Clifford Cecil—RN087397
Susanne Langston—PN050275
Diana McFatrigh—RN145424
Michele Diane Smith—RN2006010122
Linda Rowell—PN039938
Germaine Verrett—PN2004018393

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov



Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

***Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.*

CENSURE

Tonny M Dement-Crowson Piggott, AR	RN147859	Licensee’s Missouri license lapsed April 30, 2005. Licensee acknowledged that she practiced nursing without a license from May 1, 2005 through April 22, 2008. Licensee renewed her license effective April 23, 2008. Licensee’s failure to renew her license on April 30, 2005 was the result of a misunderstanding by Licensee in that Licensee believed her license was valid until April 30, 2008. Licensee stated to the Board that her license was difficult to read and that the expiration date was mis-read as April 30, 2008. Licensee did not advise the Board of a new address after she moved and, therefore, a renewal form was not received by the licensee.	Censure 3/13/2009 to 3/14/2009
Michael Warren Hendry Altoona, PA	RN2008009206	The Board recognized Licensee’s certification as a certified registered nurse anesthetist (“CRNA”), however the Board’s recognition of this certification expired on July 31, 2008. On or about July 21, 2008, a self-report was received from Licensee that his license to practice as a CRNA in the state of Maine had been temporarily suspended pursuant to a voluntary consent agreement that Licensee entered into with the Maine Board of Nursing on or about April 28, 2008.	Censure 3/31/2009 to 4/1/2009
Lisa Marie Howard Florissant, MO	RN122574	On the evening of October 7, 2007 and into the morning hours of October 8, 2007, Licensee was working as the Director of Nursing at the facility. At approximately 3:00 a.m., Licensee left the building. Licensee was the only nurse working in the facility at the time. The facility was left without adequate coverage for fire safety and quality of care.	Censure 3/11/2009 to 3/12/2009
Mary P. Quintin Bridgeton, MO	RN152679	Licensee practiced nursing in Missouri without a license from May 1, 2007 through May 20, 2008.	Censure 3/31/2009 to 4/1/2009
Jennie L. Sorrell Saint Louis, MO	RN152750	Licensee was employed at a hospital. Licensee received a transfer patient from the Intensive Care Unit. Licensee failed to complete the intake or output after the transfer of this patient. On another date, the hospital was placed in “Code Black” due to severe weather conditions. The nurse manager requested all her staff to begin moving patients to a safe place. Licensee became verbally disrespectful.	Censure 3/27/2009 to 3/28/2009
Judith M. Teffer Stockton, MO	PN043336	Licensee entered an Alford Plea to Class A Misdemeanor Theft/Stealing on June 7, 2007, in the Dade County Circuit Court, Associate Division, in Dade County, Missouri.	Censure 3/31/2009 to 4/1/2009
Frances Catherine Woolery Lampe, MO	PN2005030717	Licensee was employed as a staff nurse at a nursing home. On or about June 2, 2008, Licensee restrained a resident to a handrail using a gait belt; a belt used to aid a patient in ambulating. Licensee admitted to restraining the resident as well as assisting another nurse on a prior occasion to also restrain a patient with a gait belt.	Censure 5/12/2009 to 5/13/2009

Disciplinary Actions continued on page 13

PROBATION

Angela Michelle Beesler Cabool, MO	PN2007032720	Licensee violated the terms of the disciplinary agreement by failing to call in to NCPS, Inc. on 55 days and by failing to report to a collection site to provide a sample on four dates that she had been selected to provide a sample.	Probation 5/12/2009 to 10/15/2010
Lyndsey Michelle Brandt Columbia, MO	RN2002022275	From July 27, 2007 continuing through August 2, 2007, Licensee made medication and documentation errors with Morphine Sulfate, Percocet, Fentanyl, Versed and Ativan.	Probation 3/20/2009 to 3/20/2012
Colette R. Carey Columbia, MO	RN139818	On September 26, 2005, Licensee pled guilty to a felony charge of Possession of a Controlled Substance.	Probation 3/20/2009 to 3/20/2014
Jeffrey D. Creager Kansas City, MO	PN2002007356	On March 19, 2006, Licensee was asked to empty his pockets. Licensee had placed in his pocket a total of 9 pills consisting of: 2 MS Contin tablets, 2 Vicodin tablets, 1 Seroquel tablet, 1 Percocet tablet, 2 Senimet tablets and 1 Requip tablet.	Probation 4/17/2009 to 4/17/2014
Cheryl A. Crider Ash Grove	RN096025	Licensee was counseled on several occasions for sloppiness and lack of attention to details, along with absenteeism. On numerous occasions, Licensee failed to chart, do follow-up charting, place labels on charts, failed to complete intake and output records, and failed to document dates and times when she spoke to a patient’s physician.	Probation 4/24/2009 to 4/24/2010
Barbara J. Derrell Belleville, IL	PN053137	Licensee admitted to using Doctor’s name and DEA number without authorization and forging the prescriptions for Ibuprofen. Licensee admitted forging prescriptions for Ibuprofen in December 2005 and June 2007.	Probation 3/5/2009 to 3/5/2011
Susan A. Drogan Kansas City, MO	RN119364	On or about January 18, 2007, Licensee administered a bolus of 400 to 450 cc of IV fluids pre-operatively which created a potential fluid overload for this patient, who had an ejection fraction of 20%. On or about September 12, 2007, Licensee was prepared to push air through a patient’s central line. The anesthesiologist who was at the bedside noticed her action and prevented her from doing this. On or about September 12, 2007, Licensee pushed Ativan into a patient’s peripheral IV line that was not open. When the physician ordered another nurse to give the patient a second dose of Ativan, the patient received two doses at the same time because the original dose had remained in the patient’s tubing. On or about September 12, 2007, Licensee failed to report a patient’s systolic blood pressure which was greater than 200 in a timely manner. On or about September 17, 2007, pre-op orders allowed for the administration of Fentanyl 25mcg q 5 minutes for pain. Licensee administered Fentanyl 100mcg to a patient resulting in the patient experiencing agonal respirations and tachycardia. The patient lost consciousness, and required intubation, a ventilator, and was transferred to PACU and then ICU. Licensee failed to recognize when her patient was in distress.	Probation 3/20/2009 to 3/20/2011
Doris C. Eisenhauer Centralia, MO	PN040763	On or about November 13, 2007, Licensee was observed vigorously suctioning a resident’s mouth and throat by “jamming” the suction catheter in and out of the resident’s oral cavity. On or about November 16, 2007, Licensee reported that she had not given a nebulizer treatment to one of her patients. In the medical record, it was noted that Licensee had given the treatment. On or about November 19, 2007, Licensee failed to monitor a resident take his/her medication, as was required by the medication administration policy at the Facility. Licensee was educated numerous times on how to perform sterile procedures and their significance in keeping down infections, however, Licensee could not learn nor retain the skills necessary for sterile techniques. The facility worked with Licensee for over a year. However, Licensee still had difficulty with sterile techniques and was demoted from charge nurse duties. Licensee failed to chart in such a manner that was legible to other people.	Probation 4/21/2009 to 4/21/2010

Disciplinary Actions continued from page 13

Amanda L. Freeman Lees Summit, MO	PN058031	Licensee admitted that she had asked other employees to misappropriate controlled substances for her personal consumption. Licensee was then terminated from employment. Licensee was administered a pre-employment drug screen. The test was positive for marijuana. When interviewed by the Board's investigator on September 3, 2003, Licensee admitted that she stole Vicodin and Xanax off of the medication cart for her personal consumption. Licensee further admitted that she began using methamphetamine in the previous November or December (2002).	Probation 3/12/2009 to 3/12/2014
Kimberly D. Hill Kansas City, MO	RN123825	On or about June 14, 2006 Licensee's pre-employment drug screen was positive for Cocaine.	Probation 4/7/2009 to 4/7/2012
Cynthia A. Jackson Saint Louis, MO	RN091437	Licensee was required to cause a letter of ongoing treatment evaluation from a chemical dependency professional to be submitted to the Board at times to be determined by the Board. The Board did not receive a letter of ongoing treatment evaluation from a chemical dependency professional on behalf of the Licensee by the December 17, 2007 due date. Licensee was required to submit employer evaluations from each and every employer. If Licensee is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or a statement of unemployment by the December 17, 2007 due date. The Settlement Agreement was amended at Licensee's request on October 23, 2007. In lieu of registering with NCPS, Inc., Licensee was allowed to send the results of drug screens taken by the Southeast Missouri Community Treatment Center. The Board has received no drug screen results from the Southeast Missouri Community Center.	Probation 3/21/2009 to 3/21/2014
Cindy G. Maguire Saint Louis, MO	RN2003024485	On or about July 20, 2005, Licensee was counseled for failing to complete a current surgical checklist for a patient scheduled for surgery, which contains pertinent information: when the patient ate last, any allergies, and their vital signs. Licensee used the old checklist that was completed on July 16, 2005. On or about December 15, 2005 there was a physician order for normal saline to be administered with Potassium. Licensee failed to administer the Potassium; however, she documented she had completed the physician's order. When the oncoming shift nurse arrived on the morning of December 16, 2005, she discovered that Licensee had not administered the Potassium. In an effort to cover up her mistake, Licensee rewrote her entire page of documentation instead of documenting that she had administered the Potassium, as she had previously documented, she wrote that the IV was infusing without difficulty and did not specify what the fluid was. On or about December 15, 2005, there was a physician order to receive Nystatin every six hours. Licensee failed to administer any Nystatin to patient during her entire shift. As a result of Licensee's alleged conduct herein, she was terminated on January 4, 2006.	Probation 4/7/2009 to 4/7/2010
Kathy L. Morard Saint Louis, MO	RN146940/ PN044708	The Senior Labor Relations Specialist stated Licensee pre-charted assessment on four patient's before completing the assessment. When Licensee was questioned, Licensee stated that she usually pre-charted 90% of the time and usually there were no changes needed for the patient's record.	Probation 3/24/2009 to 3/24/2010
Tonia Jean Pendergrast Kearney, MO	PN2009012670	On July 28, 2008, Licensee's doctor referred her to a methadone treatment program for physical dependence on opiod narcotics. Licensee successfully completed the treatment program on October 13, 2008.	Probation 5/20/2009 to 5/20/2012
Tondra Jo Ramsey Independence MO	RN2003001147	Licensee was previously licensed by the Board as a registered professional nurse, License No. 2003001147. On January 27, 2005, Licensee submitted to a 'for cause' urine drug screen which was positive for marijuana and propoxyphene. On March 3, 2006, Licensee's RN license was placed on probation for two years. Terms of the probation required Licensee to undergo a chemical dependency evaluation and follow all recommendations for treatment, submit to urine drug screens and employer evaluations. Licensee never submitted to nor obtained a chemical dependency evaluation. Subsequently, the Board revoked her license.	Probation 3/23/2009 to 3/23/2014

Disciplinary Actions continued on page 15

Tina R. Reeves Sikeston ,MO	PN046799	On or about August 30, 2007, Licensee signed for and received delivery of four cards of Lorcet 10/650. On or about September 17, 2007, sixty (60) tablets of Lorcet 10/650 were unaccounted for. Licensee has a duty to properly secure and store all controlled substances to prevent diversion. Licensee breached her duty, in that she signed for and received 120 tablets of Lorcet and failed to secure and store at least 60 tablets as required by Chapter 195, RSMo. Licensee failed to appear for her urine drug screen on or about September 19, 2007.	Probation 3/4/2009 to 3/4/2010
Jamie L. Russell Rosendale, MO	RN106957	On or about January 27, 2005, Licensee called in a prescription of Lortab for herself. Licensee requested an increase in the dosage of Lortab from 7.5/500mg to 10/500mg. Licensee admitted to a law enforcement officer that she had called in her own prescription for Lortab and Licensee admitted to calling in fraudulent prescriptions on two separate occasions. The subsequent investigation revealed that Licensee called in her own prescription for Lortab on the two occasions prior to January 27, 2005: on August 1, 2004, and on January 10, 2005. Following the January 27, 2005 incident, Licensee admitted herself for inpatient treatment.	Probation 4/13/2009 to 4/13/2012
Gerald Alan Shackelford Poplar Bluff, MO	RN2007000598	On September 24, 2007, Licensee was counseled for various violations of the facility’s policies and procedures, including: altering documentation, administering controlled substances without a Physician’s order, failing to appropriately document waste of narcotics, and documenting administration of narcotics prior to the medication being removed from the Accu-dose System. Licensee admitted diverting Demerol from the facility and that the policy violations were an effort to conceal his diversion. Licensee checked himself into and successfully completed treatment.	Probation 3/4/2009 to 3/4/2012
Kerry J. Thacker Saint Louis, MO	RN124428	In the three months that Licensee was investigated, Licensee had forty eight occurrences of failure to waste narcotics that were not administered. There were also situations when Licensee was performing multiple dose administrations from a single vial. Licensee would also remove more controlled substances then was ordered.	Probation 3/24/2009 to 3/24/2011
Denise R. Townsley Overland Park, KS	RN145901	On or about June 18, 2006, Licensee called in a prescription for herself for Cipro, 500mg. A physician did not authorize the prescription Licensee called in on or about June 18, 2006. On or about October 11, 2006, Licensee called in a prescription for Medrol Dosepak, and Lexapro for herself. A physician did not authorize the prescription called in by Licensee on or about October 11, 2006. On or about February 13, 2007, Licensee called in a prescription for Lorcoid Cream for herself. A physician did not authorize the prescription called in by Licensee on or about February 13, 2007. On or about February 17, 2007, Licensee called in a prescription for Depo-Provera injection for herself. A physician did not authorize the prescription called in by Licensee on or about February 13, 2007.	Probation 4/24/2009 to 4/24/2011
Patricia S. Vandel Trenton, MO	RN116820	Beginning in 2006, Licensee was seeing a pain specialist for treatment of back pain. Licensee developed an addiction to the prescribed painkillers. In 2008, Licensee discontinued the use of all narcotics. Licensee has received and continues to receive intensive outpatient treatment and has been free from all narcotics for almost a year.	Probation 5/7/2009 to 5/7/2012



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Disciplinary Actions continued from page 15

VOLUNTARY SURRENDER

Sue A. Gardner Joplin, MO	RN084366	On September 5, 2008, the Missouri Administrative Hearing Commission issued its Order finding that the Board had grounds to discipline Licensee’s license pursuant to §366.066.2(5) and (12) RSMo.	Voluntary Surrender 6/1/2009
David S. Ilges St. Peters, MO	RN124213	On or about October 15, 2008, Licensee advised the Board that he was chemically dependent and that he had suffered a relapse concerning his addiction. The Board received a notarized letter from Licensee stating that his relapse occurred during the time period of July 2008 through September 2008. Licensee admits that he used Fentanyl once or twice per week over the three months of July 2008 through September 2008. Licensee did not have a valid prescription for Fentanyl.	Voluntary Surrender 3/31/2009
Allison Paige Lampert Russellville AR	RN2006023204	On or about June 5, 2007, hospital staff observed that Licensee was off the unit and in the bathroom for long periods of time. Licensee, while on duty, injected Fentanyl which she misappropriated from the hospital’s floor stock. Licensee submitted to a urine drug screen which tested positive for cocaine metabolites. Licensee was terminated.	Voluntary Surrender 3/6/2009
Kathleen J. Powers Springfield, MO	PN053230	On or about January 10, 2008 Licensee refused to do Accuchecks on her patients. A review of the Accucheck log was conducted for the previous two weeks during Licensee’s shift to determine if she was actually doing the Accuchecks. A review of the Accucheck machine revealed that Licensee had falsely documented blood sugars for approximately 22 patients. The review of the Accucheck machine also indicated that there were approximately two blood sugars which were dangerously low. Per policy, if a blood sugar is under 60 or over 350, the nurse should notify the doctor and document it in the nurse’s notes that she notified him. Licensee failed to document in the patient’s chart that she contacted a doctor. On or about January 10, 2008, the treatment nurse, informed Licensee that one of the residents had a blood sugar of around 48-50. Licensee failed to notify the resident’s physician of his low blood sugar and failed to document this in his chart. Licensee was charting on the computer and did not conduct the 8:00 p.m. Accuchecks. She made the decision not to wake all of the residents up, so she didn’t conduct Accuchecks or give the Lantis. Licensee admitted that she did falsify patient records by writing made-up numbers down in the book.	Voluntary Surrender 3/27/2009

MSBN Turns 100! Let’s Celebrate!

This year the Missouri State Board of Nursing is 100 years old. In our November 2009 issue we would like to include an article celebrating 100 years of nursing in Missouri.

We are looking for your nursing stories, photos, or your thoughts about changes in nursing over the last 100 years for possible inclusion in our November edition. Email to becki.hamilton@pr.mo.gov.

Over the last 100 years more than140 individuals have been appointed as members of the Board of Nursing. If you are a past Board member we would like to hear from you! Send us a note about your experience on the Board.

New Online Services Now Available

Employers/Public

If you or your organization needs to increase your efficiency in verifying nurse licenses and/or checking a nurse’s discipline status for employment decisions, then look no further than the NCSBN’s secure, online verification system, Nursys® (www.nursys.com). The nursys.com Web site contains data obtained directly from the licensure systems of the boards of nursing through frequent, secured updates.

Employers and the general public can now verify licenses and receive a report within minutes, **free of charge**. This report will contain the name, jurisdiction, license type, license number, license status, expiration date and any discipline against the license of the nurse being verified.

Nurses

When a nurse applies for endorsement into a state, verification of existing or previously held licenses may be required. A nurse can use Nursys.com to request verification of licensure from a Nursys licensure participating board. A list of licensure participating nursing boards can be found at Nursys.com.

Verifications can be processed by completing the online Nursys verification process. The fee for this service is \$30.00 per license type for each state board of nursing where the nurse is applying. Nursys license verification is sent to the endorsing board immediately. Please visit www.nursys.com for more details.

For more information, email nursys@ncsbn.org, call 312.525.3780 or visit Nursys.com

Name/Address Change Form

Did you know you are required to notify the Board if you change your name or address? Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part "If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing..... "and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change...."

Note: *change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.*

Type or print your change information on the form below and submit to the Board Office.

Name and/or address changes require a written, signed submission.

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN	<input type="checkbox"/> NAME CHANGE <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> PHONE CHANGE	
Missouri Nursing License Number:		
Date of Birth:		
Social Security Number:		
OLD INFORMATION (please print):		
Name: First	Middle	Last
Address:		
City:	State:	Zip Code:
Daytime Phone Number	Alternate Phone Number	
NEW INFORMATION (please print)		
Name: First	Middle	Last
Address (if your address is a PO Box , you must also provide a street address):		
City:	State:	Zip Code:
Daytime Phone Number:	Alternate Phone Number:	
Email (optional)	Fax Number (optional)	
Signature (required)		
Date		

Please submit your change(s) by:

Fax: 573-751-6745 or 573-751-0075 or

Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the *Licensure Information & Forms* tab on our website at <http://pr.mo.gov/nursing.asp>